

15/5/2010

INS. CASE OWNER:

Stacey

CC AXA1802

7215, A Whn

LKK:

IDAC:

ASSIGNMENT

Surveyor:

Adnan

DOI:

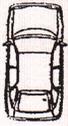
W/M/S

Date / Time :

W/M/S

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

GBA 9762X

Claim No. :

280125 / 90012

Name of Insured :

BIM TIAN VIN ENGINEERING PTE

Policy No. :

VCA / P160715

Insured Tel No. :

HP:

Make / Model :

Opel

Excess Sec II : \$\$

D.O.A. :

Place of Accident :

Exp from Changi to city

Is driver the owner? (YES / NO)

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

SOH CHAN HONG

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

YES / NO ; YES / NO

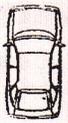
Driver Tel No. :

(V/L YES / NO)

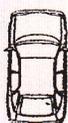
Insured Liability : %

Final ? Yes / No

925 75460



INSRS: WSP: modern Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:

Date/Time	STAGE	DATE / PIC
7/1/19	Non-Reporting ltr (1st):	
1/1/19	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	7056119-2L
	Documentation Check List: Handler	Typist
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/>
	LTA / GIA:	<input checked="" type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
	LOD:	<input checked="" type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input checked="" type="checkbox"/>
	Others: DO FORM	<input checked="" type="checkbox"/>

PRELIMINARY ADVICE Date/Time: Sent By: Confirm by:

FINALIZATION Date/Time: Confirm with: Repair Cost: L16 \$4,000.00 (5 days) Reduction: 60 % Email Call

FINAL SETTLEMENT Date/Time: 24/05/19 Confirm with: MG CHAN Email Call Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 15 If NO or B 28, Ass. Lia: COLD CHANGED LANG

Repair Cost: (w/est) \$4,280.00 Loss of Rental (LOR): \$ (days) Loss of Use (LOU): \$840.00 x 7 days Loss of Income (LOI): \$ (x days)

LOR only LOR + LOU LOR + LO [Tick only one] GIA/LTA Search \$2.00 Medical: \$ Disbursement: \$ (e.g. Tow/ Independent) Legal Cost: \$

Total: \$5,122.00 Global Sum \$\$: 1) Claim status: Normal/Reject/Private Settle 2) Report Format: 3) Survey fee: \$350.00

FINAL PAYMENT Date/Time: Confirm with: Email Call Payee 1: \$5,122.00 Name 1: MODERN AUTOMOTIVE PTE LTD

Payee 2: (Strike if N.A.) \$ Name 2: Payee 3: (Strike if N.A.) \$ Name 3: